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Attorney Docket No.: N1085-00256 [TSMC2003-0899]

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FACSIMILE TRANSMITTAL SHEET

In re application of: **Huang-Ming Chen et al.**Examiner: **Karla A. Moore**Serial No.: **10/765,808**Group Art Unit: **1763**Filed: **01/27/2004**Confirmation No.: **2454**For: **METHOD AND APPARATUS FOR BACKSIDE POLYMER REDUCTION IN DRY-ETCH PROCESS**

TO: Examiner Karla A. Moore
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

FACSIMILE NUMBER: 571-273-8300

CONFIRMATION
TELEPHONE:
FROM: Mark J. Marcelli

DIRECT DIAL: 619.744.2243

DATE: October 17, 2006

TOTAL # OF PAGES:
(INCLUDING COVERSHEET) *5*

MESSAGE: Attached is a Request for Continued Examination (in duplicate).

NOTE: Original will not follow

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8

I hereby certify that this correspondence (and anything referred to as being transmitted herewith) is being facsimile transmitted to the United States Patent and Trademark Office (Fax No. 571-273-8300) on the date shown below.

Dated: October 17, 2006

By: Maria E. Provencio

Examiner Karla A. Moore
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This is a request for continued examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

1. Submission required under 37 C.F.R. § 1.114

a. Previously submitted

- i. Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on September 22, 2006.
- ii. Consider the arguments in the Appcal Brief or Reply Brief previously filed on _____.
- iii. Other: _____.

b. Enclosed

10/18/2006 SSITHIB1 00000108-041679 Amendment/Reply 10765808

01 FC:1801 790.00 DA
02 FC:1201 400.00 DA

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- ii. / / Affidavit(s)/Declaration(s)
- iii. / / Information Disclosure Statement (IDS)
- iv. / / Other: _____

2. Filing Fees

LARGE ENTITY RATES

Description	Fee Code	Claims	Extra	Rate	Fee
RCE Fee	1801				\$790.
Independent Claims	1201	5 - 3 -	2 x	\$200=	\$400.
Total Claims	1202	17 - 20-	0 x	\$50=	\$0.

Fees Due\$1190.

3. **Additional fees:** Request for Extension of Time for three (3) months from _____ to _____ pursuant to 37 CFR §1.17(a)(3), (Fee Code 1253)... \$_____.

Total Fees Due.....\$_____

4. Payment of Fees

/ / The Commissioner is hereby authorized to charge any fees and to credit any overpayment of fees which may be required under 37 CFR §1.16 and §1.17, to Deposit Account No. 04-1679, referencing Atty. Docket No. N1085-00256 [TSMC2003-0899]. A duplicate of this sheet is enclosed for this purpose.

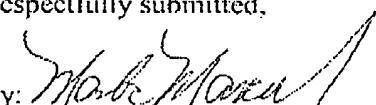
5. Address all future communications to:

Customer No. 08933
Mark J. Marcelli
DUANE MORRIS LLP
30 South 17th Street
Philadelphia, Pennsylvania 19103-4196

6. Other documents enclosed herewith:

/ / Change of Correspondence Address

Respectfully submitted,

By: 
Mark J. Marcelli
Registration No. 36,593
Attorney for Applicants

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